

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400202361

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 66571 4. Contact Name: Joan Proulx
2. Name of Operator: OXY USA WTP LP Phone: (970) 263.3641
3. Address: P O BOX 27757 Fax: (970) 263.3694
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-19502-00 6. County: GARFIELD
7. Well Name: Cascade Creek Well Number: 697-10-42B
8. Location: QtrQtr: NWNW Section: 15 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 07/29/2011 Date of First Production this formation: 08/24/2011
Perforations Top: 7197 Bottom: 9018 No. Holes: 249 Hole size: 35/100
Provide a brief summary of the formation treatment: Open Hole: ☐
8 stages of slickwater frac with 27,356 bbls of frac fluid and 1,016,853 lbs of white sand proppant
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 08/29/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1213 Bbls H2O: 468
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1213 Bbls H2O: 468 GOR: 0
Test Method: Flowing Casing PSI: 1489 Tubing PSI: 763 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8419 Tbg setting date: 08/22/2011 Packer Depth: _____
Reason for Non-Production: _____
Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joan Proulx

Title: Regulatory Analyst Date: _____ Email joan_proulx@oxy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)